

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/523184

|   | ··   |   | 10/52/104   |                       |  |                  |            |                     |                        |            |                            |                        |
|---|--|---|---|-----------------------|--|------------------|------------|---------------------|------------------------|------------|----------------------------|------------------------|
|   |  | CLAIMS A                                  | S FILED - P   |                       | (Column 2)                             |                  |            | SMALL ENT<br>TYPE   | ITY                    | OR         | OTHER THAN<br>SMALL ENTITY |                        |
| U.S.  | NATIONAL S                                     | TAGE FEES                                 |   |                       |  |                  |            | RATE                | FEE                    |            | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. =  | \$ 150                | LARGE ENT. = \$ 300                    |                  |            | BASIC FEE           |                        | OR         | BASIC FEE                  | 200                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                        |                       | All other situations = \$ 100 / \$ 200 |                  |            | EXAM. FEE           |                        |            | EXAM. FEE                  | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                       | All other situations = \$ 250 / \$ 500 |                  |            | SEARCH FEE          | -                      |            | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus   | s 100 =               | / 50 =                                 |                  |            | X \$ 125 =          |                        |            | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 24 minu   | us 20 =               | . 4                                    |                  |            | X \$ 25 =           |                        | OR         | X \$ 50 =                  | 200                    |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =   |                       | *                                      |                  |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT   |                       |  |                  | Ī          | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |   |                       |  |                  | •          | TOTAL               |                        | OR         | TOTAL                      | 1100                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |   |                       |  |                  | r          | SMALL ENTITY        |                        | OR         | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |   | NUM<br>PREVIO<br>PAID | BER<br>DUSLY                           | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                    |  | =                |            | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***                   |  | =                |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRES                                     | IULTIPLE DEPE                             | ILTIPLE DEPENDENT CLAIM   |                       |  |                  | + \$ 180 = |                     | OR                     | + \$ 360 = |                            |                        |
|   |  |   |   |                       |  |                  |            | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                | •   | (Colu                 | mn 2)                                  | (Column 3)       | _          |                     |                        |            |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   |                       | BER<br>OUSL <b>Y</b>                   | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                    |  | = .              |            | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***                   |  | =                |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                       |  |                  |            | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
|   | <u> </u>                                       |   |   |                       |  |                  | •          | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE        |                        |
|   |  |   |   |                       |  |                  |            |                     |                        |            |                            |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.